

MEMO

TO: ALL PROVIDERS
FROM: CAROL CLARK, DIRECTOR
LIFE & HEALTH/MANAGED CARE DIVISION
RE: FOLLOW INSTRUCTIONS FOR COMPLAINT FORM

***PLEASE USE THE PROVIDER COMPLAINT FORM ATTACHED WHEN MAILING YOUR INSURANCE ISSUES INTO THE DEPARTMENT.**

- **COPY THE COMPLAINT FORM AND USE ONE FORM FOR EACH INSURANCE COMPANY**
- **ATTACH PERTINENT INFORMATION AS DESCRIBED ON THE COVER SHEET (make sure I.D. numbers, etc. are legible)**
- **MAIL TWO COMPLETE SETS INCLUDING COMPLAINT FORM**

On receipt of your complaint, a case will be created and assigned to one of the investigators in the Life & Health/Managed Care Division. You will receive an acknowledgment letter stating your case number and the name of your investigator.

When the Insurance Carrier responds to the Department, the investigator will notify you with a written response. Please allow adequate time for the process.

MAILING ADDRESS: Carol Clark/Bernadette Luongo
Georgia State Insurance Commissioners Office
Life & Health/Managed Care Division
2 M.L.K. Jr., Drive, Suite 902 West Tower
Atlanta, GA 30334

***Your complaint will be returned if you do not use the form & submit two sets.**



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING JR. DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 or (404) 656-4031
www.gainsurance.org

**Please mail two (2) identical sets
Please use a different form for each carrier**

**Provider Complaint
Form**

Date: _____

Name of Carrier _____

Name of Practice (Group): _____

Address of Practice _____

Phone Number of Practice (area code) _____

Contact at Practice (full name) _____

List the issues you have with the carrier: (please be specific) _____

Note: Please provide patient ID card copy, itemized bills, copies of correspondence to and from carrier, office logs HCFA-1500 form, UB-92 form. If claims were electronically sent to vender provide electronic documentation.

Mail to: Carol Clark/Bernadette Luongo
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